

State of New Hampshire

Filing fee: \$50.00
Use black print or type.

Form TN-1
RSA 349

APPLICATION FOR REGISTRATION OF TRADE NAME

(PLEASE TYPE OR PRINT CLEARLY)

1. BUSINESS NAME: Thrive Rx
(Name cannot include "INC." or other corporate designation)
2. BUSINESS ADDRESS: 7167 E Kemper Rd Flint MI 45249
No. & Street City / town State Zip
- MAILING ADDRESS (if different): 4100 S. Saginaw Street Flint MI 48507
No. & Street City / town State Zip
3. BRIEF DESCRIPTION OF KIND OF BUSINESS TO BE CARRIED ON: pharmacy
4. DATE BUSINESS ORGANIZED: 11-16-2010
(month / day / year)

- 5-A. ENTITY APPLICANT: IF THE APPLICANT IS A CORPORATION OR OTHER ENTITY, LIST CORPORATION'S OR ENTITY'S EXACT NAME AND INCLUDE TITLE OF PERSON SIGNING. If more space is needed for additional entity applicants, please attach additional sheet(s).

BioRx LLC 7167 E. Kemper Rd.
ENTITY NAME (TYPE OR PRINT) NO. STREET

[Signature] Cincinnati OH 45249
AUTHORIZED SIGNATURE TOWN/CITY STATE ZIP

Gary Radke, Manager
SIGNER'S NAME AND TITLE (TYPE OR PRINT)

- 5-B. INDIVIDUAL APPLICANTS: PLEASE TYPE OR PRINT APPLICANTS' NAME(S), ADDRESS(ES) AND INCLUDE SIGNATURE. If more space is needed for additional individual applicants, please attach additional sheet(s).

1. [Signature]
TYPE OR PRINT NAME NO. STREET
- [Signature] TOWN/CITY STATE ZIP
2. [Signature]
TYPE OR PRINT NAME NO. STREET
- [Signature] TOWN/CITY STATE ZIP
3. [Signature]
TYPE OR PRINT NAME NO. STREET
- [Signature] TOWN/CITY STATE ZIP

State of New Hampshire
Form TN 1 - Application for Registration of Trade Name 1 Page(s)



T1532705085

on Division become public records and will be
tronic form.

orporation Division, Department of State, 107 North
tion: 25 Capitol Street, Concord, NH 03301.

Form TN-1 Pg 1 (05/2012)